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Bib Data Sheet

CONFIRMATION NO. 8153

SERIAL NUMBER 10/759,771	FILING OR 371(c) DATE 01/14/2004 RULE	CLASS 455	GROUP ART UNIT 2617	ATTORNEY DOCKET NO. MS1-1727US
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APPLICANTS

Stephen Russell Falcon, Woodinville, WA;
 Jeffrey Scott Croyle, San Francisco, CA;

** CONTINUING DATA ***** *None* *****

** FOREIGN APPLICATIONS ***** *None* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

04/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 9	TOTAL CLAIMS <i>30</i> 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>C-1</i>				

ADDRESS

22971

TITLE

Mobile device interface and adaptation system

FILING FEE RECEIVED 1036	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit